

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014941

STATE FILE NUMBER

2 3716

FILED MAY 6 1959

Registration District No.

Primary Registration District No.

Registrar's

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1720 Nebraska		d. STREET ADDRESS 1720 Nebraska	

3. NAME OF DECEASED (Type or print) First Middle Last Harry Elliott			4. DATE OF DEATH Month Day Year Apr 14 1959		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 13 1890	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer & Shipper		10b. KIND OF BUSINESS OR INDUSTRY Glass Co	11. BIRTHPLACE (City and state or country) Germany	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Henry Elliott		13b. MOTHER'S MAIDEN NAME Amelia Pepperkorn		14. NAME OF HUSBAND OR WIFE Grace Conner Elliott	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW #1		16. SOCIAL SECURITY NO. 492 07 5523		17. INFORMANT Grace Elliott 1720 Nebraska	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ch Myocarditis</i> <i>&amp; Corrosion of Liver</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>422.2</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i> " "
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 1959	COUNTY	STATE
21. I attended the deceased from <i>1959</i> , to <i>1959</i> and last saw him alive on <i>4-15-1959</i> Death occurred at <i>10 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>Ralph Bergms</i> MD		22b. ADDRESS 3203 So. Grand		22c. DATE SIGNED 4/15/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Apr 16, 59	23c. NAME OF CEMETERY OR CREMATORY National	23d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo
24. FUNERAL DIRECTOR E.J. Schnur 3125 Lafayette		25. DATE RECD. BY LOCAL REG. APR 15 59	26. REGISTRAR'S SIGNATURE <i>Earl Smith. M.D.</i> <i>S.P.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. All diseases in Part II must be causally related.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Thomas R. Durwick*

Licensed Embalmer No. *3193*  
P. O. Address *3125 Lafayette*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.